



APPLICATION FOR RECLASSIFICATION OF PROPERTY

Maricopa County Assessor

301 West Jefferson #120

Phoenix AZ 85003-2196

Phone: (602) 506-3406

Fax: (602) 506-7335

Owner's Name (Print) _____ Parcel: _____
Book Map Parcel Split

Mailing address _____ City _____ State _____ Zip _____

Daytime Phone Number(s): _____ Fax Number: _____

Address of Property: _____ City _____

Number of Units: _____

Legal Class change to Owner Occupied (Per ARS 42-12053):

I swear that _____% of the above mentioned property is Occupied by myself or a member of my immediate family, beginning on this date: _____, and that it was not rented for more than three months in the preceding twelve months and I do not intend to rent it for more than three months during the next twelve consecutive months and that it is not used for commercial or industrial purposes.

Signature: _____ Date: _____

Legal Class change to Rental:

Date property became rental: _____

Signature: _____ Date: _____

Sworn to before me this:

_____ day of _____ 20_____

Name of Deputy Assessor or Notary Public

Assessor Use Only: